Exhibit 75

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND

STATE OF NEW YORK, et al. Plaintiffs, v. ROBERT F. KENNEDY, JR., in his official capacity as SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al., Defendants.	Case No. _____

DECLARATION OF ELI ROSENBERG

I, Eli S. Rosenberg, PhD, declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct:

1. I am the Director of the Office of Science at the New York State Department of Health (NYSDOH). I am familiar with the information in the statements set forth below either through personal knowledge, in consultation with NYSDOH staff, or from documents that have been provided to and reviewed by me.

2. I submit this Declaration in support of the Plaintiffs' Motion for a Preliminary Injunction.

Professional Background

3. I am the Director of the Office of Science at NYSDOH and I serve as a lead and advisor to the NYSDOH Commissioner for public health data, research, epidemiology, and surveillance activities at NYSDOH. In this capacity, I have also served as a liaison to Health and Human Services (HHS) agencies, principally the US Centers for Disease Control and Prevention (CDC), regarding matters related to our public health data and systems. I joined NYSDOH in

2021, as the Deputy Director of Science for the Office of Public Health (OPH), and as director of the Office of Science, which was part of OPH at that time. From 2017 to 2021, I was an Associate Professor in the Department of Epidemiology and Biostatistics at the University at Albany School of Public Health, part of the State University of New York, in Albany, New York. From the beginning of the COVID-19 pandemic in March 2020, I was on assignment to NYSDOH, helping to support research and public health surveillance activities, and served as an advisor to the governor's office regarding epidemiology and disease modeling for the pandemic. From 2013 to 2017, I was an Assistant Professor in the Department of Epidemiology at the Emory University Rollins School of Public Health in Atlanta, Georgia. As a professor in both universities, I taught graduate courses and conducted National Institutes of Health (NIH) and CDC-funded research studies focused on infectious disease epidemiology and data analytic methods. During this time, I also held guest appointments as a Senior Epidemiologist at CDC within two of its centers: the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention and the National Center for Emerging and Zoonotic Infectious Disease. I have authored or co-authored over 200 publications in the peer-reviewed literature on the topics of epidemiology and public health surveillance, particularly for infectious diseases such as HIV, sexually transmitted infections, polio, and COVID-19. I received my PhD in Epidemiology from Emory University Rollins School of Public Health and my BS in Biometry and Statistics from Cornell University's College of Agriculture and Life Sciences. Across these experiences I have built significant familiarity with the federal and state public health programs that are the subject of this case.

4. New York State Department of Health's mission is to protect and promote health and well-being for all, building on a foundation of health equity. The Office of Science, which

reports to the Commissioner's office of NYSDOH, provides epidemiologic, analytic and data capabilities to support data-driven decision making at NYSDOH and its programs. Office of Science focus areas are on leading data, research and informatics activities to support cross-cutting priority health topics, emerging threats, and population health. Relevant examples of this work include the production of surveillance data dashboards and reports, information technology development and support for the systems that collect and transmit data to HHS agencies, and the conduct of epidemiological programs such as the Pregnancy Risk Assessment Monitoring System and opioid and overdose surveillance. I, and the Office of Science, collaborate and coordinate with the other sections of NYSDOH whose work is described in this document. This includes the AIDS Institute, within the Office of Health Equity and Human Rights, and the Center for Environmental Health and the Center for Community Health, within the Office of Public Health.

5. I am providing this declaration to explain the impacts on New York State of the cuts to HHS, including cuts to CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Reliance on HHS Data and Technical Expertise

6. Prior to April 1, 2025, NYSDOH relied on data from, technical support from, and relationships with HHS agencies in order to conduct its federally- and state-supported work that serves New York's population, across numerous programs and topic areas. In some cases, data from HHS programs supplemented state-generated data in order to form a more complete picture of a condition that we are tracking and responding to. In other cases, our NYSDOH data are transmitted to HHS, along with those from other jurisdictions, and are not available for our use

until a finalized dataset is returned to us by the HHS program. Technical assistance provided by many HHS programs enables NYSDOH programs -- in forms such as documentation, guidance for surveys and data systems, and conference calls -- to operate more efficiently and in a coordinated fashion that enables comparability of data between New York and other jurisdictions. In some instances, project operations support provided by HHS agency programs is essential to the conduct of our NYSDOH programs, such that they cannot function absent the HHS program team. The relationships with HHS agencies for these data and technical support are established both formally via cooperative agreements and grant contracts, and less formally via working groups, initiatives, and individual relationships established by areas within HHS agencies with our NYSDOH programs.

7. New York State has relied on CDC for its assistance in ensuring that children are screened for hearing loss and receive appropriate interventions for hearing loss. The New York State Early Hearing Detection and Intervention program (NY EHDI) supports the US Surgeon General's Healthy People 2030 goals of increasing the proportion of newborns who are screened for hearing loss by no later than age one month, have audiologic evaluation by age three months, and are enrolled in appropriate intervention services no later than age six months. The CDC EHDI program provided substantial support to NY EHDI as part of a cooperative agreement, which included collaboration on enhancing and expanding outcomes surveillance activities, including the collection, management, analysis, and dissemination of EHDI data, collaboration to develop and implement strategies and evaluation plans and use evaluation findings, provision of technical assistance to define and operationalize performance measures and implement recipients' performance measurement plans, and collaboration on and co-authoring scientific

reports, manuscripts and other derivative works arising from data collected and analyzed for the N Y EHDI Program.

8. Further, New York State Public Health Law Section 2500-g requires all Article 28 health care facilities to report results to the New York Early Hearing Detection and Intervention Information System (NY EHDI-IS) when the provider performs newborn hearing screening and out-patient follow-up hearing screening or diagnostic audiological evaluation on infants less than six months of age. The CDC cooperative agreement is leveraged to support EHDI-IS.

9. New York State relied on CDC for data relating to the health and well-being of pregnant people and babies, including the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a survey of state residents who have recently given birth to ask about behavior and experiences before, during, and immediately after pregnancy. These experiences may influence health outcomes such as infant development, illnesses, and maternal and infant mortality. Established in 1987, PRAMS is active in 50 U.S. jurisdictions and represents over 80% of all live births in the United States. The PRAMS survey is extremely valuable in that it provides information about pregnancy and the first few months after birth that are not available from other data sources. These data are used to identify groups of parents and infants at a high risk for health problems, measure progress towards goals for improving the health of families and infants, plan, evaluate and assess perinatal health programs, evaluate policy, report essential federal performance measures related to maternal and child health, and to meet state statutory reporting requirements.

10. The CDC Notice of Award to NYSDOH requires data be collected via the PRAMS Integrated Data Collection System (PIDS), which is an entirely CDC hosted and supported electronic system. Sites such as NYSDOH are not able to extract raw data collected

from PIDS. Rather, the CDC team must extract and send the weighted data (weights are statistical adjustments that help to ensure that sampled data represent the underlying population) to NYSDOH. CDC statisticians maintain the expertise to properly and consistently weight the data, and this function is not performed by NYSDOH. Thus, sites are dependent upon the CDC PRAMS Data Team to extract, clean, process, weight, and provide states the weighted data sets. Additionally, CDC PRAMS creates and maintains the national dataset for researchers to request and use data from all states that meet the required response rate.

11. PRAMS data are for essential monitoring and reporting for a number of activities and grants at NYSDOH. This includes the State Maternal Health Innovation (SMHI) grant that was awarded to the Division of Family Health by the Human Resources and Services Administration (HRSA) to improve maternal health outcomes and address health disparities in response to the ongoing maternal mortality crisis in New York State. As a core data innovation component, the SMHI program includes a project which involves the linkage of PRAMS data to other sources of maternal health information, such as hospital discharge data and vital records. The Maternal and Child Health Services Title V Block Grant (Title V) is funded through HRSA and provides $38 million annually to support essential maternal and child health programs and services across New York State. PRAMS is a core data source necessary for the successful completion of ongoing Title V reporting, monitoring, and evaluation activities. Title V includes several national outcome/national performance measures derived exclusively from PRAMS data, and reporting on at least one of these measures is a direct requirement of the Federal funder. The New York State Department of Health has also contracted with the New York State Office of Cannabis Management (OCM) since 2021 to collect information about cannabis consumption and provider screening about cannabis consumption during the perinatal period via the PRAMS

survey. These data are used to monitor key public safety outcomes among pregnant and breastfeeding women post-legalization of adult use cannabis in New York State in 2021. OCM uses these data in their statutorily- required reporting.

12. New York State has relied on CDC for their assistance in tobacco prevention and control. The NYS Tobacco Control Program has both an internal Tobacco Surveillance, Evaluation and Research Team and a legislatively-mandated independent evaluation, conducted by a NYSDOH-funded contractor. Both the internal and the independent teams rely on standards set by CDC's Office of Smoking and Health (OSH) to conduct effective evaluation and surveillance activities that monitor the effectiveness of the state's investment in tobacco prevention and control and contribute to the scientific evidence base in tobacco prevention and control. The National Youth Tobacco Survey (YTS), supported by OSH, informs question development for the New York Youth Tobacco Survey, and serves as a basis for comparison to understand NY trends in context. The National YTS findings help inform the broader conversation about NY's tobacco-related outcomes among decision makers, the media and public health practitioners; and helps to fill in the gaps in data for items that NY does not have in the NY YTS. OSH also supports the National Quitline Data Warehouse (NQDW). The independent evaluator has been able to conduct robust studies of the NY Quitline's reach and effectiveness because of the access we have to other state and national data via the NQDW. CDC's OSH disseminates several fact sheets and publications which serve as foundational evidence-based guides for tobacco control programs' interventions and evaluations. These publications set the stage for talking about emerging products, shifting trends and key priorities. The STATE system, also supported by OSH, helps NY to facilitate data analysis and evaluation and supports reporting from the Independent Evaluator to the NYS Department of Health.

13. New York State has relied on CDC for its assistance in preventing sexually transmitted infections (STI), viral hepatitis, and HIV/AIDS, across a number of activities outlined in the following sections. New York State has specifically relied on the STD Laboratory Reference Branch to develop novel sexually transmitted infection diagnostic tools to address the rising cases of reportable sexually transmitted infections. Further, New York State relied on the over 40 years of data and expertise from the STD Lab that supported national surveillance of antimicrobial resistant trends in *Neisseria gonorrhoeae* (N. gonorrhoeae; gonorrhea) and served as a repository of 50,000 *Neisseria gonorrhoeae* isolates. Gonorrhea is resistant to nearly all antibiotics making it an urgent public health threat; we are on the last line of effective antibiotics to treat the second most reported sexually transmitted infection in the country and in New York State. The State relied heavily on the STD Lab in 2023 when a multi-drug non-susceptible gonorrhea strain was reported in a resident in Massachusetts. Once alerted, the CDC STD Lab issued guidance on how to contact them for consultation and specimen processing. Subsequently, New York State issued a health advisory directing clinicians to notify CDC's STD Lab immediately for consultation if there was a suspected gonorrhea cephalosporin treatment failure or any N. gonorrhoeae specimen with decreased cephalosporin susceptibility. Lastly, New York State relied on the CDC STD Lab to provide the factual data for the evidence based-Sexually Transmitted Infection Treatment Guidelines promulgated by the CDC and underpinned New York State's own, state-focused, evidence-based STI and Sexual Health Treatment, Prevention, and Care Clinical Guidelines.

14. New York State has relied on the CDC Hepatitis Laboratory to support the investigation of hepatitis C virus (HCV) outbreaks. CDC scientists developed and maintained the Global Hepatitis Outbreak and Surveillance Technology (GHOST) system, which utilizes

advanced sequencing methodologies and analysis methods to characterize viral genotypes and transmission links among HCV cases, allowing for the identification of a common infection source. Identification of the source of infection is crucial for the interruption and prevention of outbreaks. In 2024, New York State used GHOST to establish genetic linkages between 20 new HCV cases from multiple healthcare facilities, likely caused by exposure to a single HCV-infected healthcare provider at a surgery center. The GHOST program and technical expertise of CDC scientists to help interpret the results were critical to that outbreak investigation and the success of measures taken in response to the findings.

15. The CDC provides coordinated national guidance for all aspects of HIV Surveillance and prevention. The agency develops and maintains standardized data collection tools and systems for collecting and storing data, including demographic, behavioral, diagnostic, and other HIV-related test information. In collaboration with funded programs, the CDC also provides training and technical support, produces technical guidance documents and benchmarks to measure progress towards timely, high quality, and nationally comparative data. These efforts help establish standards for data collection and ensure the security and confidentiality of HIV Surveillance information. The CDC provides expertise in specialty settings especially related to laboratory reporting and case ascertainment from other federal agencies, i.e., the Veterans Administration. Through training and technical guidance on quality assurance for laboratory reporting, the agency sets the standard on HIV-testing, reporting, and results interpretation, especially related to challenges cases. Without the CDC's expert input, New York State's progress toward ending the HIV epidemic would be significantly hindered.

16. A specific program of note is the CDC's HIV Medical Monitoring Project (MMP), which is a program that generates nationally representative estimates related to

behaviors, clinical outcomes, quality of care for people living with HIV and is conducted in 23 project areas around the United States, including in New York State. When I was a Senior Epidemiologist at CDC, I was embedded in the Behavioral and Clinical Surveillance Branch, within the National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention's Division of HIV/AIDS Prevention, that conducted MMP and am intimately familiar with its operations. Similar to PRAMS described above, the CDC team supporting MMP provides essential technical, operational, and statistical functions for the project, such that the program cannot fully function in funded project areas absent the CDC team. In New York State, the Medical Monitoring Project has been ongoing since 2005 and is one of few sources of representative data on people living with HIV. The State relies heavily on the Medical Monitoring Project to monitor trends, identify unmet healthcare needs, and assess access to ancillary care, and supportive services. The Medical Monitoring Project is also critical in locating individuals with HIV who are sampled but appear to be out of care, facilitating their re-linkage to HIV medical providers, and enumerating barriers to care. The Medical Monitoring Project is also the only data source within the State that measures HIV-related stigma among people living with the virus. New York State relies on MMP to track this Ending the Epidemic metric.

17. New York State has relied on CDC National Center for Environmental Health for its technical assistance with childhood lead poisoning prevention. Childhood lead poisoning remains a significant public health problem in New York State. Due to substantial state investment in secondary and primary prevention programs, cases have steadily declined since 1998, but New York State still has the greatest number of childhood lead poisoning cases in the nation. From 2016-2019, 16.5 per 1000 children under age 6 tested statewide had blood lead levels at or above 5 micrograms per deciliter. Thousands more are at risk due to other risk factors

in the State (e.g., poverty, old and deteriorating housing stock). New York State relies on CDC's nationwide surveillance through their Childhood Blood Lead Surveillance System to identify new sources of lead and inform targeted interventions at the State level. When there are programmatic emergent issues, CDC serves as a liaison with other states to develop nationwide guidance and strategies. In 2021, New York State medical providers experienced a shortage of a chelation medication; in response, CDC coordinated with other states to develop solutions and alternative approaches to medical treatment. Additionally, CDC's national response is critical to product safety awareness, particularly regarding new sources of lead-bearing products in the marketplace. New York State has relied for decades on CDC and other federal partners for their technical expertise to inform regulations and policy in the primary and secondary lead poisoning prevention efforts in children.

18. For decades, CDC's National Institute for Occupational Safety and Health (NIOSH) has served as a cornerstone for worker health and safety. New York State has been part of NIOSH's Adult Blood Lead Epidemiology and Surveillance (ABLES) program since 1994. We later expanded our relationship with NIOSH in the early 2000s with a cooperative agreement to conduct additional surveillance of a variety of other occupational health conditions including work-related respiratory conditions and workplace fatalities investigations. The ABLES program monitors work-related exposure in adults in the U.S. The data has been vital in monitoring workplace lead exposure trends and is used to guide interventions and prevent work-related lead exposures.

19. New York State has relied on CDC for their assistance addressing excessive alcohol use and its harms, including providing technical assistance and guidance for NY's Alcohol Surveillance and Epidemiology Program. The CDC Alcohol Program provided guidance

and technical assistance to states to build capacity to conduct alcohol surveillance and epidemiology, disseminate consistent messaging about the harms of alcohol use and promote information about evidence-based solutions. Specifically, they provided assistance in the form reviewing all NY-generated alcohol reports for accuracy/alignment with the evidence base, sharable graphics for messaging, and they developed, hosted and maintained key data systems like the Alcohol-Related Disease Impact (ARDI) application, which is the primary source for states about alcohol-attributable disease and death.

20. New York State also relies on SAMHSA, which funds the National Survey for Drug Use and Health, an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals, aged 12 years and older. This survey provides estimates on the use of tobacco products, alcohol, illicit drugs, and mental health in the United States (US). These data provide state and national estimates to track trends in the use of substances, assess the consequences of substance use and abuse, and identify those groups at high risk for Opioid Use Disorder. In New York State, the survey provides key indicators that allow New York State Department of Health to compare the national prevalence to New York State prevalence on specific substance use; allowing to observe trends in substance use and mental health, among other topics. Since 2018, when available data, from the survey has been included in the NYS Opioid Annual Report, a report that is legislatively mandated. These data are also included in the New York State Opioid Data Dashboard and the New York State key tracking indicators, which are both used for monitoring the opioid crisis in New York. NSDUH indicators are further prioritized and incorporated in the New York State Health Improvement Plan, known as the Prevention Agenda, to assist in monitoring progress of opioid and substance use interventions and programs throughout New York State.

21. New York State has relied on CDC for their assistance supporting our program related to STD/HIV Disease Intervention Training Centers (DITC). Health Research Incorporated as the grantee has been supporting these state-provided services for more than 15 years. The intent of this program was to improve the quality of disease intervention services provided by states in HHS Region II by providing training and technical assistance to regional jurisdictions. Disease Intervention Specialists function as the "on the ground" investigators of sexually transmitted infections in states and cities across the country. They provide an essential intervention limiting disease spread in New York State and throughout HHS Region II.

Changes in HHS Data and Technical Assistance Since April 1, 2025

22. Since April 1, 2025, changes at HHS have and will continue to impact our data and technical assistance received from HHS agencies, which in turn impedes numerous functions at NYSDOH. The discontinuation of HHS data and surveillance programs, because the personnel are no longer employed, will mean some national data will be unavailable to supplement our NYSDOH data, limiting our ability to track and respond to conditions. For other surveillance programs, we are unable to retrieve our own data submitted to HHS. The loss of whole teams at HHS agencies removed essential guidance and coordination needed to conduct our work and, in some cases, NYSDOH project operations have ceased because the HHS team conducted key steps in our program's operations. For some activities we have received notice that active awards are being discontinued, or recently submitted funding applications cannot be reviewed, because the HHS teams overseeing these awards and application review processes have been terminated.

23. Since April 1, 2025, New York State has experienced harm relating to CDC's role in helping to ensure that children are screened for hearing loss and receive appropriate interventions for hearing loss. We learned that, on April 1, the entire CDC branch for the Early

Hearing Detection and Intervention (EHDI) program was eliminated. Since that date, all technical assistance and the supports described above have been completely terminated, and New York State EHDI staff have been left without guidance or direction on how to proceed with activities described in the cooperative agreement, in which the CDC team substantially participated. The elimination of the CDC also has created uncertainty regarding our competitive Grant Application for July 1, 2025 - June 30, 2030 funding, which was recently submitted. Specifically, an April 24, 2025 e-mail sent to Health Research, Inc. from CDC indicated that there was no staff to review the recently submitted competitive application (CDC-DD-25-0157) for the above funding cycle, due to the federal RIF impact on the program. This puts a significant portion of the EHDI program's overall funding at risk, with no current alternative state funding available to absorb costs and staffing. A copy of this email is annexed hereto as **Exhibit A**.

24. Since April 1, 2025, New York State has experienced harm relating to CDC data that describe the health and well-being of pregnant people and babies, including the Pregnancy Risk Assessment Monitoring System (PRAMS). Starting January 31, 2025, the PIDS electronic data system has effectively been shut down. As PIDS is essential for data collection and operations, this pause abruptly ended the 2024 birth year data collection and resulted in over 20% reduction in the New York State 2024 sample. This reduction has serious implications for analysis, statistical power, and data publication and research products. On April 30, the Department received additional communication informing us that CDC could "no longer provide the scientific, technical, and information technology assistance resources as described in the Notice of Funding Opportunity". A copy of this email is annexed hereto as **Exhibit B**. This has serious implications for the future of data collection and places the timeline to receive prior year datasets for data collected by NYSDOH and transmitted to CDC. As described in section 9

above, the CDC PRAMS team is responsible for providing scientific and technical assistance including producing the weighted dataset. Without staff, or this technical assistance, it is unclear if, how, and when states will gain access to data that was already collected, such as the weighted 2024 dataset. Furthermore, continued outage of PIDS has a direct impact on operations. A normal schedule for beginning data collection of January 2025 births is April 2025. Any delay in 2025 data collection could result in a reduction of 2025 birth year sample. As sampled cases are no longer valid when the infant turns 9 months old, any delay to the start of data collection will limit the amount of time for collection, result in additional work to collect multiple sample batches at one time and put more strain on staff and increasing operations costs. The longer the delay, the greater and more costly the impact. This will additionally affect the ability to meet the requirements of the SMHI project, future Title V reporting, and the OCM contract, which are described in Section 9 above. Continued outage of the data collection platform and loss of CDC technical assistance to clean, process, and weight the data will have further impact on NY's continued ability to effectively identify high risk populations, measure progress towards goals for improving the health of families and infants, plan, evaluate and assess perinatal health programs, evaluate policy, report essential federal performance measures related to maternal and child health, and to meet certain state reporting requirements. The loss of PRAMS data would jeopardize the New York State Title V program's ability to meet reporting requirements and would also severely compromise the Department's ability to track progress on key maternal and child health goals and objectives outlined in the Title V State Action Plan, the New York State Title V Dashboard, the New York State Maternal and Child Health Dashboard, and the New York State Prevention Agenda. PRAMS data are crucial to understanding key factors that contribute to maternal and infant morbidity and mortality and our ability to monitor, intervene, and ultimately

protect mothers and infants and without PRAMS data in the future, efforts to reduce infant and maternal morbidity and mortality will be affected.

25. Since April 1, 2025, New York State has experienced harm relating to CDC's role in tobacco prevention and control. Staff at CDC established and maintain specifications for data systems needed to track measures of tobacco use for all 50 states, including New York. Furthermore, they maintain the case definitions of measures essential to monitoring progress in tobacco control, cigarette smoking, use of other tobacco products, vaping and quit attempts. Public health surveillance and epidemiology rely on stable data systems and standard case definitions. By firing the experts responsible for these central data systems and technical measure specifications, HHS did irreparable harm to all 50 states and US territories involved in tobacco control, including losing access to the technical advisors at CDC who provide guidance and feedback regarding state program evaluation and performance measurement plans. Without key staff at CDC's OSH, updates to the National Youth Tobacco Survey, the State Tobacco Activities Tracking and Evaluation (STATE) System, and resources for New York State's tobacco quit line are unlikely to occur, significantly hampering NY's efforts to effectively evaluate their tobacco prevention and control programming.

26. Since April 1, 2025, New York State has experienced harm relating to CDC's role in preventing HIV/AIDS, viral hepatitis, STIs, and tuberculosis. The elimination of the STD Laboratory Reference and Research Branch will imminently result in harm to New York State as there is no reference laboratory to provide a national picture of antibiotic-resistant gonorrhea to inform New York State's clinical response, serve as a consultant on suspected treatment failures and/or reduced susceptibility cases, or to provide technical assistance in such cases involving pregnant persons.

27. The closure of the CDC Hepatitis Laboratory has harmed New York State because we no longer have access to the GHOST analysis computer program nor the CDC scientists who provided technical assistance to interpret GHOST results. Without GHOST, outbreaks of hepatitis C virus will take longer to investigate, linkages between cases and clusters may remain undetected, and prevention interventions will be delayed, resulting in continued transmission of HCV and potentially increased morbidity and mortality from this lethal infection.

28. The CDC has provided essential national guidance, data systems, and technical support for HIV surveillance and prevention, ensuring consistent standards, data quality, and confidentiality across states. Its expertise, especially in laboratory reporting and interagency case ascertainment, is critical to New York's HIV response. Elimination of the Division of HIV Prevention's Behavioral and Clinical Surveillance Branch that housed the Medical Monitoring Project and the Quantitative Sciences Branch that produced HIV incidence and HIV status awareness estimates weakened CDC's involvement and has directly impaired the state's ability to effectively monitor, prevent, and respond to HIV.

29. We understand that the Behavioral and Clinical Surveillance Branch was terminated, including the team conducting the HIV Medical Monitoring Project (MMP). The current data collection cycle of the Medical Monitoring Project ends May 15, 2025. Due to these circumstances, the following harms have been realized:

30. The State has not received weighted data from the CDC for the two most recent years of data collection (i.e., the 2023-2024 and 2024-2025 data collection cycles). Without the weights, the samples are not truly representative of individuals living with HIV in New York State.Training and technical support for data collection activities (interviewers, data collectors) have gone unmet.

31. Technical assistance needs related to data quality and participant recruitment have gone unmet.

32. Training and technical support for data management and data analytics have ceased.

33. Reconciling differences and gaps in recruitment data between funded jurisdiction ceased; this cross jurisdictional activity was facilitated by the CDC.

34. The ability to detect changing and emerging trends among people living with HIV will be compromised, hindering timely and effect public health responses.

35. CDC's obligation to New York State as part of the current CDC HIV prevention and surveillance cooperative agreement notes substantial involvement to provide technical assistance to support HIV surveillance and prevention. (The first year one of the five year cycle is slated to end May 31st 2025 and pending a Notice of Award for year two, starting June 2025). This technical assistance is critical to calculate HIV incidence in New York State and percent of people with HIV aware of their status. These are two critical metrics included in New York State's efforts to end the HIV epidemic. On April 29, 2025, New York State was notified that "the publication of CDC's *HIV Surveillance Supplemental Report*: Estimated HIV Incidence and Prevalence in the United States, 2019–2023 has been delayed and that the *HIV Surveillance Supplemental Report*: Monitoring Selected National HIV Prevention and Care Objectives by Using HIV Surveillance Data—United States and 6 Territories and Freely Associated States, 2023 (this year's Monitoring Report) does not include data on PrEP coverage. In 2024, CDC paused PrEP coverage reporting for one year to update overall PrEP coverage estimates using newly available data sets and determine the best way to present PrEP coverage. However, CDC is unable to resume PrEP coverage reporting at this time, due to a reduction in force affecting the

Division of HIV Prevention (DHP). As part of this staffing reduction, the DHP branches that produced HIV incidence estimates and provided the statistical expertise needed to assess PrEP coverage were eliminated. CDC is currently evaluating plans and capacity to resume this work.

36. Since April 1, 2025, New York State has experienced harm relating to CDC's role in monitoring for and responding to lead poisoning, especially in children. Since April 2025, CDC has been unavailable and has not participated in our long-standing monthly technical assistance calls to review grant deliverables and discuss childhood lead poisoning prevention matters. At this time, CDC is not providing further technical assistance to New York State. New York State is currently pursuing an investigation into a recent discovery of lead contamination in baby food and CDC is unavailable to consult on the federal recall of this food or to provide information from other states as to their experience and response. New York State does not have a technical lead on the national level to consult during emerging issues that continue to rise and require prompt response to mitigate lead poisoning in children and the lifelong impact that such poisoning presents.

37. The recent federal restructuring has led to the dismantling of the CDC's National Institute for Occupational Safety and Health (NIOSH). It has been reported that nearly 900 staff positions and a wide range of critical programs have been eliminated. All but a few employees, primarily a few commissioned officers, will remain after June 2, 2025. The worker health data submitted and collected on a national level is at risk of being deleted and gone forever. Without NIOSH staff support, data, or funding to support our follow up with lead poisoned adults will be much more limited and our ability to continue the pregnant women collaborative program with the NYS Childhood Lead Prevention Program and county health departments, where we work to

ensure timely identification of lead poisoned pregnant women and follow-up of their at-risk newborn babies, will be extremely limited and most likely stopped altogether.

38. Since April 1, 2025, New York State has experienced harm relating to SAMHSA data about drug use. According to media reports and a public post from the National Survey for Drug Use and Health Director on LinkedIn from early April, the entire team overseeing National Survey for Drug User Health at the Office of Population Surveys at SAMHSA was laid off. As noted in Section 16 above, this survey provides estimates on the use of tobacco products, alcohol, illicit drugs, and mental health in the United States (US). The national and state estimates are used in key data products (also described in Section 16) that help New York State monitor trends and the loss of this data source would make it challenging for New York State to track progress, identify high-risk populations, and compare with national trends.

39. Since April 1, 2025, New York State has experienced harm relating to CDC data about alcohol use. According to news reports, the entire team overseeing the Alcohol Program at CDC's Division of Population Health was laid off. CDC's Alcohol Program measures the impact of excessive alcohol use and related harms in the United States. The program also develops resources to help people drink less alcohol and to help communities and states create healthier environments that support individuals in drinking less alcohol. The Alcohol Program funds states to build and maintain capacity to conduct epidemiologic and surveillance activities related to alcohol use. The CDC-funded contract supporting a TA center, which helps states to evaluate their efforts under their cooperative agreements with CDC, has been suspended. Staff at CDC who provided technical review of NY-developed alcohol reports are no longer available to provide review, ensure alignment with the evidence base and provide feedback for improvement.

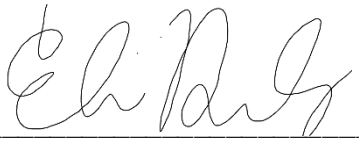
The CDC Alcohol Program provides support for the Alcohol Related Disease Impact (ARDI) application. ARDI is an online application that provides national and state estimates of alcohol-related health impacts, including deaths and years of potential life lost (YPLL). These estimates are calculated for 58 acute and chronic causes using alcohol-attributable fractions and are reported by age and sex. Without this application being updated, NY will lose its primary method for quantifying the health impact associated with alcohol use, which is a key risk factor for cancer and other acute and chronic health outcomes. Further, NY has been funded by CDC's Alcohol Program since 2021; this funding is the only support for NY's Alcohol Surveillance and Epidemiology Program. The future of that funding is uncertain.

40. On April 10, 2025, New York State has experienced harm related to the loss of program services following the abrupt termination of CDC-RFA-PS20-2003: STD/HIV Disease Intervention Training Centers (DITC). The reason given for the termination of funding was that CDC was "no longer able to provide programmatic technical assistance or project monitoring as required by law." Without this training center, there is increased risk of disease spread in New York State and throughout HHS Region II. A copy of the April 10, 2025 email stating the reason for the termination of funding is annexed hereto as **Exhibit C**.

Conclusion

41. As set forth in detail above, the significant cuts to HHS, the CDC, and SAMHSA have adversely impacted the work of NYSDOH and are preventing NYSDOH from carrying out its mission to protect and promote health and wellbeing of New Yorkers.

Date: 5/08/2025



ELI ROSENBERG

Exhibit A

From: DHDD OD Requests (CDC)
Cc: EHDI Co-op (CDC)
Subject: Updates for DD20-2006 EHDI Recipients
Date: Thursday, April 24, 2025 9:29:29 AM
Attachments: DataSubmissionChecklist.docx
HSFS_iEHDI_2023.xlsx
iEHDI_DD2006_final_ExhibitA_0722.xlsx

Hello DD20-2006 EHDI Recipients,

The Division that housed the EHDI program, Division for Human Development and Disability (DHDD) is sending this message during what has been a challenging time for the CDC EHDI team. Prior messages have indicated that all but one team member is on administrative leave as a result of the federal reduction in force (RIF). This is still the case. In turn, the typical functions of project officers, health/data scientists and evaluation scientists are not occurring. However, a primary requirement of your program's receipt of federal funding through DD20-2006 (attached) is data submission. Here are a few notes of guidance that we can offer at this time:

Workplans and Reporting

- We ask that you continue to complete workplan activities until the end of the period of performance.
- As with previous EHDI notice of funding opportunities (NOFO), a close out will be due 120 days after the end of the performance period (120 days after June 30, 2025) for due date for final progress reports due 10/30/2025.
- SAMS is still functional, so you can submit 2023 iEHDI data. **Final 2023 iEHDI data is due May 23, 2025.**
    - Please note that CDC will not be able to return data quality reports.
    - The data dictionary and data checklist are attached.
    - If you are having issues with accessing SAMS, please contact Yvette Dominique yad4@cdc.gov. Yvette, is a senior leader in DHDD that is currently supporting all IT-related requests for the Center. Please be patient if there is a delay in her response.
- The ehdico-op@cdc.gov mailbox is still functional but may be checked less frequently. Please send emails to both ehdico-op@cdc.gov and dhddodrequests@cdc.gov when sending correspondences.

Data Quality Review with CDC Foundation

- You may remember that CDC EHDI hosted office hours where the CDC Foundation (CDCF) was introduced as a group funded to support technical assistance analyzing iEHDI data. The CDCF's workplan includes reaching out to states, providing with 1:1 technical assistance to review missingness and overall data quality. Caitlin worked closely with this team to create SAS code and a slide deck specific for each state. CDCF will share with you a summary of the 2022 iEHDI data that you submitted to CDC. CDCF has access to a limited analytic dataset (not the full dataset) on our secure server. As a result, CDC EHDI followed all agreements within the DUA. Please collaborate with this expert team to learn more about your iEHDI data.

Applications for DD25-0157

- As a result of the RIF, the objective review for DD25-0157 Enhancing Timely Data Reporting, Quality, and Use in EHDI Surveillance is on hold. It is unclear whether a review of applications will occur.

This is all of the information we have to share at this time. If any funding-related changes occur, you will receive a notice in GMS. Thank you for your continued work and contributions to EHDI, even within the uncertainty. We appreciate your patience.

Sincerely,
DHDD Team

Exhibit B

[redacted]

From: Raman, Jayalakshmi (Jaya) (CDC/NCCDPHP/OD) <kva5@cdc.gov>
Sent: Wednesday, April 30, 2025 4:47 PM
To: Brown, Natalie (CDC/NCCDPHP/OD) <fmc7@cdc.gov>; Kroelinger, Charlan (CDC/NCCDPHP/DRH) <dwz8@cdc.gov>
Subject: PRAMS Update

Dear Recipient,

As you may be aware, CDC can no longer provide the scientific, technical, and information technology assistance resources as described in the Notice of Funding Opportunity RFA-DP-21-001 for the Pregnancy Risk Assessment Monitoring System (PRAMS). CDC will share guidance for revision of workplans and budget documents for the Year 5 budget period starting May 1, 2025 through April 30, 2026 soon.

Please also note that there are new requirements for requesting payments in the Payment Management System (PMS). Going forward, you will be required to provide a justification for each payment request. The justification must accompany the request and will be sent to the CDC for approval. To help expedite the approval process, please include the following information in your justification:

1. Notice of Funding Opportunity Number
2. Grant Number
3. Budget Period
4. Payment Request Justification: Examples: Payroll and Fringe for Staff Payment Justification: Subcontractor Payments to ABC Industries, DEFG Solutions Payment Justification: Supplies – copies, paper Payment Justification: Other – publications, insurance, professional services
5. Summary total of the requested cost (e.g. Salaries - $1,000; supplies - $100, etc.)

When submitting your PMS drawdowns, please avoid using the same response for multiple payment justification entries. It is important to provide adequate justification; otherwise, your request may be rejected. It's recommended that you separate your payment request by awarding agency to prevent approval delays. **If additional information is needed, the assigned GMS/GMO will contact you directly. Additionally, you may need to email supporting documents to your GMS on a case-by-case basis, so please ensure they are readily available if requested by the GMO.** (For research recipients, GMS/GMO may contact

recipients directly for additional to be emailed as they are not able to upload into the GrantSolutions Grant Notes.)

Jayalakshmi Raman,
Health Scientist
Centers for Disease Control and Prevention (CDC)
Department of Health and Human Services (HHS)
770 488 6511

Exhibit C

View / Reply to Grant Message

Subject: CDC-RFA-PS20-2003: STD/HIV Disease Intervention Training Centers (DITC) will not be extended

Communication Type: Correspondence **Category:** Other

AUTHOR	MESSAGE	DATE / TIME	ACTIONS
Kenya Taylor	Dear Funded Partner, Last week CDC experienced a large reduction in force (RIF), in accordance with President Donald Trump's Executive Order 14210 and the Department of Health and Human Services' (HHS) broader reorganization strategy to improve its efficiency and effectiveness. This cooperative agreement CDC-RFA-PS20-2003: STD/HIV Disease Intervention Training Centers (DITC) will not be extended. Unfortunately, the Division of STD Prevention (DSTDP) is no longer able to provide programmatic technical assistance or project monitoring as required by law. Recipients have 120 calendar days from the project period end date, which is March 31, 2025, to liquidate all financial obligations and submit the required reports in GrantSolutions as a closeout amendment. This includes submitting a final Federal Financial Report (FFR) in the Payment Management System (PMS), a final progress report, and tangible and real property reports (if necessary), as outlined in the Terms and Conditions of the award. All closeout reports are due by July 29, 2025. Standard closeout reporting requirements can be found in the General Terms and Conditions published on the CDC website at https://www.cdc.gov/grants/federal-regulations-policies/index.html. If you have any questions regarding the closeout requirements, please contact the assigned Grants Management Specialist. For programmatic questions please contact Arin Williams at gpo4@cdc.gov . Kind Regards, Division of STD Prevention Show Less	04/10/2025 01:42 PM EST	

Add Reply